



Secretary of State

LLC-5

Application to Register a Foreign Limited **Liability Company (LLC)**

IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

FILED Secretary of State State of California

SEP 2 5 2018

Certification Fee - \$5.00							
Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.				This Space Fo	r Office l	Jse Onl	у
1a. LLC Name (Enter the exact name of the LLC as listed on y	our attached	Certificate of G	ood Standi	ng.)			
CapitalG Management Company LLC		···			, — · · · · · · · · · · · · · · · · · ·		
1b. California Alternate Name, If Required (See Instri	uctions - Or	nly enter an alter	nate name	if the LLC name in	1a not ava	allable in	California.
2. LLC History (See Instructions – Ensure that the formation	date and jui	risdiction match t	the attache	d Certificate of Go	od Standin	g.)	··
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)	b. Jurisdiction (State, foreign country or place where this LLC is formed.)						
4 / 24 / 2013	Delaware						
c. Authority Statement (Do not alter Authority Statement)							
This LLC currently has powers and privileges to cond	uct busine	ess in the stat	te, foreigi	n country or pla	ce enter	ed in Ite	em 2b.
3. Business Addresses (Enter the complete business ad	dresses. Iter	ms 3a and 3b ca	innot be a F	P.O. Box or fin care	of" an ind	ividual or	entity.)
a. Street Address of Principal Executive Office - Do not enter a P.O. Box		City (no abbreviations)		State	Zip Co	de	
1600 Amphitheatre Parkway		Mountain View			CA	94040	3
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box		City (no abbreviations)			State	Zip Co	de
1600 Amphitheatre Parkway		Mountain View			CA	94043	3
c. Mailing Address of Principal Executive Office, if different than item 3a		City (no abbreviations)			State	Zip Co	de
4. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full name and California street address. a. California Agent's First Name (if agent is not a corporation) Middle Name Last Name Suffix							
a. camerina rigorito ri sa riamo (il signimo rista corporation)		Tina die Traine		200.110110			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. B		Box City (no abbrev			State	Zip Co	de
					CA		
CORPORATION - Complete Item 4c only. Only include the n				n.			
c. California Registered Corporate Agent's Name (if agent is a corporat							
Corporation Service Company Which Will Do Busines	ss In Califo	ornia As CSC	- Lawye	rs Incorporating	Service		
5. Read and Sign Below (See Instructions. Title not related am authorized to sign on behalf of the foreign LLC.	equired.)						
ram decreased to sign on behind of the foleightee.							
J.S.	Jeremiah Gordon						

Clear Form



Type or Print Name



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAPITALG MANAGEMENT COMPANY LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPITALG MANAGEMENT COMPANY LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5324444 8300 SR# 20186829200

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203488986

Date: 09-25-18

Jeffrey W. Bullioch, Secretary of State

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